

FIRST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>691496,877</i>	FILING DATE <i>01-31-02</i>					
<i>7/31/00</i>						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/			51					
2	/	/	/	/			52					
3	/		/				53					
4	/	/	/	/			54					
5	/		/				55					
6	(1)	<i>cancel</i>					66					
7	(1)		/				67					
8	(1)	<i>cancel</i>					68					
9	(1)						69					
10	/						70					
11	/		/				71					
12	/		/				72					
13	/		/				73					
14	/		/				74					
15	/		/				75					
16	/		/				76					
17	/		/				77					
18	/		/				78					
19	(1)	(2)					79					
20	(1)	(2)					80					
21	(1)	(2)					81					
22	(1)	<i>cancel</i>					82					
23	(1)						83					
24	(1)	<i>cancel</i>					84					
25	/		/				85					
26	/		/				86					
27	/		/				87					
28	/	<i>cancel</i>					88					
29	/		/				89					
30	/	<i>cancel</i>					90					
31	/	<i>cancel</i>					91					
32	/		/				92					
33	/		/				93					
34	/		/				94					
35	/	<i>cancel</i>					95					
36	/	<i>cancel</i>					96					
37	/		/				97					
38	/	<i>cancel</i>					98					
39	/						99					
40	/	<i>cancel</i>					100					
41	/		/				TOTAL IND.					
42	/		/				TOTAL DEP.					
43	/		/				TOTAL CLAIMS					
44			/									
45	/		<i>cancel</i>									
46	/		<i>cancel</i>									
47	/		<i>cancel</i>									
48	/											
49												
50												
TOTAL IND.			5									
TOTAL DEP.	45		24									
TOTAL CLAIMS	48		29									